or GSA use only)	**FEDERAL FACILITY RIDESHARING REPORT**	INTERAGENCY REPORTS CONTROL NUMBER **0258-GSA-AN**

FACILITY NAME AND ADDRESS *(Include ZIP Code)*

2. EMPLOYEE TRANSPORTATION COORDINATOR		
A. NAME		B. TITLE
C. AGENCY		D. TELEPHONE NO.

3. EMPLOYEE TRANSPORTATION PROFILE

A. AGENCY	B. NO. OF EMPLOYEES AT FACILITY	C. DRIVE ALONE	D. CAR POOL	E. VANPOOL	F. PRIVATE BUS	G. MASS TRANSIT	H. OTHER	I. NO. OF EMPLOYEES RIDESHARING	J. FACILITY GOAL
TOTALS									
PERCENTAGE									

4. FACILITY CHARACTERISTICS

ILITY LOCATION

☐ URBAN AREA   ☐ SUBURBAN AREA   ☐ RURAL AREA

B. IS FACILITY SERVED BY MASS TRANSIT?

☐ YES   ☐ NO

C. DOES FACILITY PROVIDE PREFERENTIAL PARKING FOR CAR POOLS AND VANPOOLS?

☐ YES   ☐ NO   *(If "YES," complete Item D)* ⟶

D. NO. OF VANPOOL PARKING SPACES ASSIGNED

ARE RIDE MATCHING SERVICES AVAILABLE TO EMPLOYEES?

☐ YES   ☐ NO   *(If "YES," complete Item F)* ⟶

F. WHERE ARE RIDE MATCHING SERVICES BASED?

☐ AT FACILITY   ☐ COMMUNITY

G. IS PROGRAM INTER-RELATED WITH PROGRAMS AT NEARBY FACILITIES?

☐ YES   ☐ NO

DESCRIBE PROMOTIONAL EFFORTS AT THE FACILITY *(Use reverse if necessary)*

AD OF FACILITY *(Name)*	TITLE	SIGNATURE	DATE

NERAL SERVICES ADMINISTRATION

GSA FORM **3261** (11-80)

ITEM 1. — Enter the facility name and complete street address, including zip code.

ITEM 2A-D. — Enter employee transportation coordinator's name, organization title, employing agency, and work telephone number.

ITEM 3A. — Enter the names of all agencies located at the facility. Common acronyms and abbreviations are acceptable.

ITEM 3B. — Enter the number of fulltime employees at the facility.

ITEM 3C. — Enter the number of employees who commute to work alone in their automobile.

ITEM 3D. — Enter the number of employees who commute to work in a carpool, either as a rider or driver. A carpool is defined as a group of two or more people using a motor vehicle for transportation to and from work.

ITEM 3E. — Enter the number of employees who commute to work in a vanpool, either as a driver or rider. A vanpool is defined as a group of 8 to 15 persons using a van, specifically designed to carry passengers, for transportation to and from work in a single daily round trip.

(Use this space for continuation of items from front of form.)

ITEM 3F. — Enter the number of employees who commute by private, commercially operated, or chartered bus (as opposed to mass transit bus system).

ITEM 3G. — Enter the number of employees who commute by mass transit (public bus system, subway, or commuter train).

ITEM 3H. — Enter the number of employees who commute by means other than listed above, such as walk, bicycle, motorcycle, moped.

ITEM 3I. — Enter the total of columns D thru H.

ITEM 3J. — Enter the facility goal, expressed as the number and percentage of fulltime employees at the facility.

ITEM 4. — Check the appropriate responses or enter information as required.

ITEM 5. — Provide information on the nature and extent of promotional efforts designed to increase the number of employees who use ride-sharing in the commute between home and work. Describe any unique problems at the facility and how they are being solved.

GENERAL SERVICES ADMINISTRATION

GSA FORM 3261 BACK (11-80)